

# Consent

## For Covid-19 testing children aged 6-14 years

Name:	Civil reg. no:
Parents name:	Parents Civil reg. no.:
Telephone/mobile:	Telephone (home):
E-mail:	Passport Number:

### Consent for testing children aged 6-14 years

I hereby declare that I have shared custody of the child and give permission for the test to be performed.

The result of you Covid-19 test will be sent to "Statens Serum Institute" under the Danish Ministry of Health according to Danish Health Act.

### Signature

Date: \_\_\_\_\_ Signature: \_\_\_\_\_